

Foster Family Home - Corrective Action Report

Provider ID: 1-180023

Home Name: Jennifer Dulay, CNA

Review ID: 1-180023-2

45-413 Ihilani Street

Reviewer: David Ayling

Kaneohe

HI 96744

Begin Date: 4/11/2019

Foster Family Home

Required Certificate

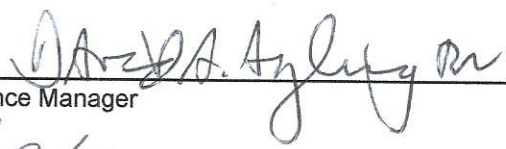
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

Home inspection for a 2 person CCFFH recertification made on 4/11/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager

4/11/19
Date


Primary Care Giver

4/14/19
Date